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ASSISTANT COMMISSIONER FOR PATENTS Washington, DC 20231

PATENT Date: June 1, 2001 File No. 2017.64648

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For:

Transmitted herewith for filing is the patent application of

Inventor(s): Fort et al.

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Asst. Comm. for Patents, Washington, D.C. 20231, on this date.

06-01-01 Date EL 846165555 US

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E	ncle	osed	l a	re
	1101	$\sigma \sigma \sigma \sigma$		

- (X) 20 pages of specification, including 24 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.

A SECURE MOUNTING ASSEMBLY FOR

- () an unexecuted oath or declaration, with power of attorney.
- (X) <u>1</u> sheet(s) of informal drawing(s).

A RETAIL PRODUCT DISPLAY

- () ___ sheet(s) of formal drawings(s).
- () Assignment(s) of the invention to ____
- (X) Assignment Form Cover Sheet.
- (X) A check in the amount of \$40.00 to cover the fee for recording the assignment(s) is enclosed.
- () Information Disclosure Statement.
- () Form PTO-1449 and cited references.
- () Associate power of attorney.
- () Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee	\$ 710.00
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- b) Independent Claims $_{7}$ 3 = $_{4}$ x \$80.00 = \$320.00
- c) Total Claims $\underline{24}$ $20 = \underline{4}$ x \$ 18.00 = \$ 72.00
- d) Fee for Multiple Claims

\$270.00 = \$

Total Filing Fee

\$ 1,102.00

- (X) Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$_551.00
- (X) A check in the amount of \$551.00 to cover the filing fee is enclosed.
- () Charge \$_____ to Deposit Account No. 07-2069.
- () Other _____

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely passing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Suite 2500 300 S. Wacker Drive Chicago, Illinois 60606 (312) 360-0080

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Registration No. _____30,2'